PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC -4 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N22286**

1 Corporation Name

PRAISE CHRISTIAN CENTER, INC.

REINSTATEMENT 96

Principal Place of Business	Mailing Address
ROUTE 5. BOX 83 COURTNEY ROAD PERRY FL 32347	ROUTE 5. BOX 83 COURTNEY ROAD PERRY FL 32347

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business In Florida: 08/04/1987

5. FEI Number: 59-3129226 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status.

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	WEBB, JESSE	ROUTE 2, BOX 20	PERRY FL
D	WEBB, JOYCE	ROUTE 2, BOX 20	PERRY FL
D	MIXON, DEAN	1325 W. U.S. 98 HIGHWAY	PERRY FL
P	FREEMAN, WARREN	ROUTE 1, BOX 1390	PERRY FL
D	WEBB, JUSTIN	RT 1 BOX 1407	PERRY FL

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
WEBB, JESSE ROUTE 2, BOX 20 PERRY FL 32347	Name: 900002021539--9 Street Address (P.O. Box Number is Not Acceptable): -12/06/96--01009--008 Suite, Apt. #, Etc.: ****236.25 ****236.25 City: State: FL Zip Code:

CR2E040 (7/96)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Jesse Webb JESSE WEBB Date: 18 SEPT 96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☑ (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Jesse Webb JESSE WEBB 18SEPT96 904 584-7660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0008800 AR